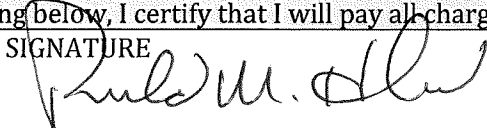


AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  <b>TRANSCRIPT ORDER FORM</b>		<b>FOR COURT USE ONLY</b>  <b>DUE DATE:</b>	
Please Read Instructions on Page 2.					
<b>1. REQUESTOR'S INFORMATION:</b>		NAME <b>Ronald M. Huber</b>		TELEPHONE NUMBER <b>434-293-4283</b>	
DATE OF REQUEST <b>9/10/2019</b>		EMAIL ADDRESS (Transcript will be emailed to this address.) <b>Ron.Huber@usdoj.gov</b>			
MAILING ADDRESS <b>255 W. Main Street, Suite 130</b>				CITY, STATE, ZIP CODE <b>Charlottesville, VA 22902</b>	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER <b>JoRita Meyers</b>  OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER <b>4:18-cr-00011</b>		CASE NAME <b>U.S. v. Marcus Davis, et al</b>		JUDGE'S NAME <b>Urbanski</b>	
DATE(S) OF PROCEEDING(S) <b>9/04/2019</b>		TYPE OF PROCEEDING(S) <b>Daubert hearing</b>		LOCATION OF PROCEEDING <b>Roanoke</b>	
REQUEST IS FOR: (Select one) <input type="checkbox"/> FULL PROCEEDING OR <input checked="" type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable):  <b>Portion following witness testimony</b>					
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)					
<input type="checkbox"/> Ordinary (30-Day)  <input type="checkbox"/> 14-Day  <input checked="" type="checkbox"/> Expedited (7-Day)  <input type="checkbox"/> 3-Day			<input type="checkbox"/> Daily  <input type="checkbox"/> Hourly  <input type="checkbox"/> RealTime		
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE <b>9/10/2019</b>		SIGNATURE 			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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